Blueprint for Health Executive Committee
Minutes of
November 16, 2011

Attendees:

L. Watkins	Blueprint	A. Garland	BCBSVT
B. Warnock	Naturopath	Tracy Dolan	VDH
C. Hindes	VNA	E. Emard	NCQA
P. Harrington	Vt. Medical Society	A. Rouelle	DII
B. Tanzman	Blueprint	J. Samuelson	Blueprint
W. Little	MVP	J. Hester	CMS
A. Otis	Public attendee		

The meeting opened at 8:35 a.m.

I. *Welcome and General Update*:

- Dr. Watkins welcomed Ester Emard as a committee member. Ms. Emard is the COO of NCQA.
- The Blueprint currently has 70 practices fully recognized as medical centered homes.
- The SASH program is in the process of expanding state wide.
- In an attempt to measure CHT activities, all Blueprint grants now require reporting in a consistent structured manner. We expect preliminary reports will be available in early 2012.

II. *Health Service Area Presentations*:

Jean Cotner, Vice President Porter Hospital and Blueprint Project Manager gave an update on the tremendous progress being made in Middlebury.

- Kick-off meeting took place in January 2011. There is a high level of community interest in the Blueprint and CHT's in the Middlebury region. In just 10 months time, Middlebury has 6 NCQA PPC-PCMH recognized practices.
- As a 2012 initiative, Porter Hospital has identified an integrated EMR roll out to all its hospital-owned practices.
- Delivery systems are becoming more consistent. A great deal of planning and work has taken place regarding patient lab results. The tracking of those results is now a very thorough process and patients should begin to notice improvements.
- The first Vermont practice to achieve recognition for Meaningful Use is an independent Middlebury practice.
- Ms. Emard asked for examples of advancements being made between the hospital and community health teams. Ms. Cotner gave the following examples:

i. Community Health teams will begin working closely with hospital discharge planners
ii. Better connections/communication with the Emergency Department

Dana Noble, Blueprint Project Manager and Practice Facilitator gave a Bennington Health Service area update.

- Most practices in Bennington are not owned by the hospital. There are currently 16 primary care practices, most are solo practices. One additional pediatric and family medicine practice is scheduled to come on board in 2012.
- The first pediatric practice in Bennington is scheduled to be surveyed this month.
- Bennington has a decentralized Community Health Team model. Every practice has a nurse case manager, behavioral health person (both part-time). A dietician and social worker are slated to be hired in December. Currently Bennington has a very successful contractual arrangement with the local Mental Health Agency for behavioral health support.
- A Blueprint integration team has been formed. This new group will identify ways to integrate health care in the Bennington community without duplication of services. The group will work outside the medical community in an attempt to break down some of the current silos. The SASH work as well as the integration of pediatrics will be among the first challenges in this ongoing process.
- Main focus now is panel management which will increase the ability to work with high risk patients. The number one challenge in Bennington is getting Docsite to work effectively which is key to successful panel management work. Dana reports that Bennington continues to work closely with VITL and the Covisint team.
- Challenge number two is that the local hospital is looking to affiliate with Dartmouth. In this scenario, physicians will be employed by Dartmouth.
- Jenney Samuelson reported that Blueprint will be using the new NCQA CAHPS survey statewide to understand the patient experience of the PCMH. Several practices have voiced interest in participating in this survey and the survey will become a part of the Blueprint evaluation. UVM is to become an approved vendor for the survey.
- Dana described her other role as practice facilitator. The needs are different among the practices. Some examples of Dana's concentration include:
    - Working on depression guidelines and trying to determine which screening tool to use.
    - At another practice they are reworking their system for setting appointments and patient responses on wait time.
    - At yet another practice the focus is on mammography. Looking at panel management and determining who will be

running and reviewing reports and who will be doing follow-up work.
    - Helping to coordinate and move the work with the SASH team forward.
- Beginning in January they will be working with the Designated Regional Housing Authority on SASH implementation. The goal is to connect the primary care practices with the housing authority. The hope is that the housing authority will call the case manager if a client is failing.
- Through the MAPCP Demonstration there is separate funding for SASH. We need to make these services available to all Medicare eligible patients. The SASH coordinator, plus a wellness nurse will be the eyes and ears for the SASH team. The VNA team, wellness nurse and SASH coordinator will be working together closely.
- Through outside funding, the Bennington practices gather together for information and sharing five times a year (a local collaborative format). Bennington has a community of Primary Care providers who are very supportive and integrative.
- Dana reported changes in access to primary care and same day appointments. Practices have been forced to make improvements to meet NCQA PPC-PCMH standards.

III. *CMS Demonstration*:
- MAPCP is a 3 year statewide demonstration which precludes us from participation in other CMS demonstrations.

IV. *Adjournment*:
- There being no further business, the meeting adjourned at 9:55 a.m.

The next Blueprint Executive Committee will take place on Wednesday, January 18th from 8:30 – 10:00 a.m.